

INDIVIDUAL  
**MEDICARE SUPPLEMENT COVERAGE**

Sold in New Jersey

By

**GENWORTH LIFE AND ANNUITY INSURANCE COMPANY**

Telephone: 1-877-825-9337

PLAN INFORMATION				MEDICARE PART A HOSPITAL COSTS				MEDICARE PART A SKILLED NURS. FACILITY (SNF) COSTS				MEDICARE PART B MEDICAL COSTS (DRS., OUTPATIENT, ETC.)			OTHER			
				PLAN PAYS				PLAN PAYS				PLAN PAYS			PLAN PAYS			
PLAN	MONTHLY PREMIUM AT AGE 65 (INCREASES WITH AGE)	COMPANY MAY DENY COVERAGE FOR MEDICAL REASONS	PRE-EX. MEDICAL CONDITION WAITING PERIOD	\$952 DEDUCT. (2006)	\$238 COPAY FOR DAYS 61-90 (2006)	\$476 COPAY FOR DAYS 91-150 (2006)	AFTER DAY 150 FOR ADDITIONAL 365 DAYS IN A LIFETIME	\$119 COPAY FOR DAYS 21-100 (2006)	100 DAYS WHEN MEDICARE STOPS PAYING	COSTS IN A SNF NOT APPROVED BY MEDICARE	\$124 ANNUAL DEDUCT. (2006)	20% OF MEDICARE ALLOWED AMOUNT	COSTS THAT EXCEED ALLOWED AMOUNT	PARTS A & B BLOOD DEDUCTIBLE	FOREIGN TRAVEL EMERGENCY	AT-HOME RECOVERY	PREVENTIVE MEDICAL CARE	
<b>A</b>	FNS 83.06 FS 92.25 MNS 95.46 MS 106.12	<b>Yes**</b>	<b>None</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>					<b>Yes</b>		<b>Yes</b>				
<b>B</b>	FNS 99.71 FS 110.80 MNS 114.70 MS 127.45	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>					<b>Yes</b>		<b>Yes</b>				
<b>C</b>	FNS 120.69 FS 134.12 MNS 138.81 MS 154.15	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>			<b>Yes</b>	<b>Yes</b>		<b>Yes</b>	<b>Yes</b>			
<b>D</b>	FNS 99.79 FS 111.06 MNS 114.88 MS 127.71	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>				<b>Yes</b>		<b>Yes</b>	<b>Yes</b>	<b>Yes</b>		
<b>E</b>	FNS 100.49 FS 111.58 MNS 115.57 MS 128.40	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>				<b>Yes</b>		<b>Yes</b>	<b>Yes</b>		<b>Yes</b>	
<b>F</b>	FNS 124.41 FS 138.20 MNS 142.97 MS 158.92	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>			<b>Yes</b>	<b>Yes</b>	<b>100%</b>	<b>Yes</b>	<b>Yes</b>			
<b>*F</b> (with a \$1790 deductible)	FNS 48.90 FS 54.36 MNS 56.27 MS 62.51	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>			<b>Yes</b>	<b>Yes</b>	<b>100%</b>	<b>Yes</b>	<b>Yes</b>			
<b>G</b>	FNS 102.57 FS 113.92 MNS 117.83 MS 131.00	<b>Yes**</b>	<b>None</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>				<b>Yes</b>	<b>80%</b>	<b>Yes</b>	<b>Yes</b>	<b>Yes</b>		

FNS = FEMALE NON-SMOKER FS = FEMALE SMOKER MNS = MALE NON-SMOKER MS = MALE SMOKER  
 NON-SMOKER RATES APPLY TO APPLICATIONS SUBMITTED DURING THE 6-MONTH OPEN ENROLLMENT PERIOD.

\* POLICYHOLDERS ARE RESPONSIBLE FOR PAYMENT OF EXPENSES UP TO THE DEDUCTIBLE. THE POLICY WILL PAY COVERED EXPENSES ONCE THE DEDUCTIBLE IS MET.  
 A SEPARATE DEDUCTIBLE APPLIES TO THE FOREIGN TRAVEL EMERGENCY BENEFIT.

\*\* SOME APPLICANTS MAY NOT BE ABLE TO PURCHASE THIS PLAN AFTER THE OPEN ENROLLMENT PERIOD.  
 (This information may also be found on our web site at [www.state.nj.us/health/senior/ship.shtml](http://www.state.nj.us/health/senior/ship.shtml))

STATE OF NEW JERSEY  
 STATE HEALTH INSURANCE  
 ASSISTANCE PROGRAM  
 S.H.I.P.  
 DEPT. OF HEALTH & SR. SERVICES  
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